

EXPENSES CLAIM FORM

- FOR DETAILED INSTRUCTIONS - SEE INSTRUCTIONS TAB.
- ALWAYS USE A NEW MASTER FORM FOR EACH CLAIM, DO NOT USE A PREVIOUSLY COMPLETED ONE AS FORMULAE ARE LOST WHEN OVER-WRITTEN.
- PLEASE USE THIS FORM FOR PROVISION OF OFFICE COSTS CLAIMS
- DO NOT INCLUDE PARKING DUE FROM THE STAFF PARKING SCHEME.
- MAKE SURE ERRORS LISTED IN CELL I50-I52 ARE RESOLVED BEFORE SUBMITTING CLAIM

NAME:				James				Dipple-Johnstone				DATE OF CLAIM: DD/MM/YY				30/09/19				CLAIM REFERENCE:				Dipp30-09-19											
										COST CENTRE (TEAM NUMBER / NAME):										120 - LEADERSHIP TEAM						overwrite this cell with currency if "other" selected below.				FINANCE USE					
DATE & TIME (FOR SUBSISTENCE CLAIMS)					REASON FOR TRIP					DESCRIPTION OF EXPENSE					CATEGORY					RECEIPT NUMBER		NO. MILES		NO. PASSENGERS		AMOUNT CLAIMED		PROJECT CODE							
RECEIPT DATE/ TRIP START		TRIP END		TOTAL TRIP																						CHOOSE CURRENCY									
DD/MM/YY		00:00:00		DD/MM/YY		00:00:00		HRS		WHY YOU TRAVELLED					WHAT YOU PAID FOR					CHOOSE FROM DROP DOWN LIST					ENTER NUMBER UNLESS N/A APPEARS					UK £		USE DROP DOWN LIST		CODE	
15/09/19		14:00:00		17/09/19		14:00:00		48.00		Basel Trip to G7/BIS					2 nights overnight incidentals					Overseas overnight incidental allowance 26002							N/A		20.00		NO PROJECT - 0000		120-26002-0000		

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[illegible]